

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013688

FILED  
Jan 27, 2008  
Secretary of State

Entity Name: AUDREY CIRCLE, LLC

**Current Principal Place of Business:**

709 TROWBRIDGE AVE  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

709 TROWBRIDGE AVE  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PITELL, LISA Y  
4400 E. HWY 20  
SUITE 202  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

PITELL, LISA Y  
4400 E. HWY 20  
SUITE 206  
NICEVILLE, FL 32578 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_ 01/27/2008  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COPE, BETTY  
Address: 709 TROWBRIDGE AVE  
City-St-Zip: FT. WALTON BEACH, FL 32547

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: COPE, LLOYD  
Address: 709 TROWBRIDGE AVE  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BETTY COPE                      MGR                      01/27/2008  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date